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Flie the original with:

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Request for Cancellation of Certificate

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: SEPTEMBER 10, 2013	•
Please consider this a request to cancel my:	•
Class C Taxl Certificate	Class A Restricted Certificate
Class C Charter Certificate	KECEIVED
Class C Charter Bus Certificate	NOV 1:2 2013
Non-Emergency Certificate Class E Household Goods Certificate	TRANS DEPT
Class E Hazardous Wastes Certificate	
My Certificate Number is 6479	
John Myers, Sr.	City Service Cab
(Name of Company)	(If applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	(City, State, Zlp Code)
© 803 236 1585 (Telephone Number)	•
&	(Signature)
	(Title) Owner, President, etc.

ORS Revised 2-18-10